

PLACE OF BIRTH

1. County of Yuma
 District of _____
 Town of Maine
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197-a
 County Registrar No. 82
 Local Registrar No. _____

2. Full name of child Gifford Greenwood Scott (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 No. _____ St. _____ Ward _____
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Jan 16 1925
 Month Day Year

8. FATHER
 Full name Walter Gifford Scott

9. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state

10. Color or race
White

11. Age at last birthday 54 (Years)

12. Birthplace (city or place) Lee Ray
 (State or country) Michigan

13. Occupation S.M.
 Nature of industry

14. MOTHER
 Full maiden name Eleanor Greenwood

15. Residence (Usual place of abode) Inspiration
 If nonresident, give place and state

16. Color or race
White

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Great Falls
 (State or country) Montana

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:17 m. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

John S. Bacon M.D.
Maine, Arizona
 (Physician or midwife)

Given name added from a supplemental report

Month, day, year.

Filed

Registered

19

Local Registrar.

County Registrar.

Registrar.

723-116-574